

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101049993

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51									
2		1					52		1							
3							53									
4			S				54		1							
5							55									
6							56		1							
7			A				57									
8							58		1							
9							59									
10			M				60		1							
11							61	1								
12			l				62									
13							63									
14							64									
15							65									
16							66									
17							67									
18							68									
19							69									
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38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46	1						96									
47		1					97									
48							98									
49							99									
50							100									
TOTAL IND.	3		3				TOTAL IND.									
TOTAL DEP.	58		56				TOTAL DEP.									
TOTAL CLAIMS	61		61				TOTAL CLAIMS									